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CONFIRMATION NO. 3627

<b>SERIAL NUMBER</b> 10/518,813	<b>FILING or 371(c) DATE</b> 05/08/2006 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 22409-00288-US		
<b>APPLICANTS</b> Paul M. Carter, Lane Cove, AUSTRALIA; David J. Bull, Lane Cove, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/00827 06/27/2003 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA PS 3226 06/28/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ROLAND DINGA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> CONNOLLY BOVE LODGE & HUTZ LLP 1875 EYE STREET, N.W. SUITE 1100 WASHINGTON, DC 20006 UNITED STATES						
<b>TITLE</b> Medical device testing apparatus						
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		